

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

MEETINGS AND  
2011 JAN 19 PM 2:22

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Williams

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Nate Williams

Political Party (if applicable)

Democrat

Office Sought

Iowa House

District (If Senate or House)

29

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1753

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

MA Williams  
SIGNATURE OF PERSON FILING REPORT

319 895 8931  
TELEPHONE

1-19-11  
DATE SIGNED

I AM FILING A 1-19-11 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County &amp; Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

2,907.29**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see In-kind below)

1,190.66

Schedule F: Loans Received total (Attach Schedule F)

-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

4,097.29**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,423.35

Schedule F: Loan Repayments total (Attach Schedule F)

-

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$

2,673.94

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

-

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

-

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

-

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES

X NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

-**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)*Citizens for Williams***SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10.29.10	ID# CK# ACT Blue	MARK Powell 1908 Willis Ave Perry, IA 50220		\$ 100.-	<input type="checkbox"/>
10.29.10	ID# CK# ACT Blue	Teresa McCormack 1848 Bear Ridge Lane Rochester, MN 55904		50.-	<input type="checkbox"/>
10.29.10	ID# CK# 6492 1060	SEIU Local 199 415 10th Ave Coralville, IA 52241		250.-	<input type="checkbox"/>
11.1.10	ID# CK# 21637	IFEW Ed. Committee 900 7th ST NW Washington, DC 20001		250.-	<input type="checkbox"/>
11.9	ID# CK# 6063 2515	IA Dental Assoc. 5530 W PARKWAY #100 Johnston, IA 50131		250.-	<input type="checkbox"/>
10.21.10	ID# CK# ACT Blue	Katie Malague 2300 19th ST N.W. #1 Washington, DC 20009		100.-	<input type="checkbox"/>
10.27	ID# CK# ACT Blue	JASON J Purcell 401 Holland Lane #1125 Alexandria, VA 22314		40.-	<input type="checkbox"/>
10.27.10	ID# CK# ACT Blue	Robert Smith 1309 Worley Ln ELY, IA 52227		100.-	<input type="checkbox"/>
1-11-11	ID# CK# order	Incorrect encoding for check # 1251.		50.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (If last page of this schedule)

\$1,190.-  
\$1,190.-

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Wellness*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.29.10	ON LINE	Act Blue PO Box 382110 Cambridge, MA 02138	Transmittal rpt.	\$ 5.93
11.14.10	ON LINE	Act Blue PO Box 382110 Cambridge, MA 02138	Transmittal rpt.	9.48
10.30.10	1254	Maggie Williams 110 W MARKET Lisbon, IA 52253	Food reimbursement	35. -
10.31.10	1255	S.E. Linn Comm. Center 105 S. Washington Lisbon, IA 52253	donation	100. -
11.1.10	1256	Fuel 103 1st ST MT Vernon, IA 52314	food/staff	21.42
11.2.10	1257	Gwen's 119 W Main Lisbon, IA 52253	food for workers	92.29
11.4.10	1258	Gwen's 119 W MAIN Lisbon, IA 52253	food for workers	24.65
11.4.10	1259	Linda YANNEY 320 N LUCAS Iowa City, IA 52245	performance BONUS	750. -
SUB-TOTAL				\$ 1038.77
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens for Williams*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-27-10	ID# CK# 1260	Gwen's 119 W MAIN Lisbon, IA 52253	Food for workers	\$340.58
11-3-10	ID# CK# 1260	Post Office Lisbon, IA 52253	Stamps	44.-
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$384.58

TOTAL (If last page of this schedule) \$1,423.35

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 88A.402(3)(i).)

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(for Schedule B)